

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **231**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. **53**

AGE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Graham</u>				2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Ariz</u> B. COUNTY <u>Graham</u>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <u>Safford</u>)				C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>XXXXXX</u>			
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Safford Inn Hosp</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>675 Central Ave</u>			
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Baby</u> B. (MIDDLE) C. (LAST) <u>Montieth</u>			4. SEX <u>F.M.</u>		5. COLOR OR RACE <u>W.</u>		
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>July</u> DAY <u>7</u> YEAR <u>1951</u>		8. AGE YEARS <u>X</u> MONTHS <u>X</u> DAYS <u>7</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).	
	9B. KIND OF BUSINESS OR INDUSTRY <u>None</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Ariz</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	
	13. SOCIAL SECURITY NO.		14A. FATHER'S NAME <u>Morris Montieith</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Safford</u>		15A. MOTHER'S MAIDEN NAME <u>Lenet. Justin</u>	
	16. INFORMANT'S SIGNATURE <u>Elliot Montieith</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>July 7 - 1951</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRAICTED.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Strep. - 8 mo. Placenta</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. <u>Re-membrance separation</u> DUE TO (C) <u>Mothers R.H. neg. One - eclampsia</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	20. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		21. OPERATIONS, AUTOPSY		22. DATE OF OPERATION		23. MAJOR FINDINGS OF OPERATION	
DEATH DUE TO EXTERNAL VIOLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) OF INJURY	
	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>July 7, 1951</u> AND THAT DEATH OCCURRED AT <u>625P</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <u>W. H. Wright</u> (DEGREE OR TITLE)	
MEDICAL CORONER'S RTIFICATION	23B. ADDRESS <u>Safford</u>		23C. DATE SIGNED <u>8 July 1951</u>		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>July 8-51</u>	
	24C. NAME OF CEMETERY OR CREMATORY <u>Safford, Ariz.</u>		24D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Safford Ariz</u>		25A. DATE REC'D BY LOCAL REG. <u>July 14, 1951</u>		25B. REGISTRAR'S SIGNATURE <u>J. H. Stapp</u>	
FUNERAL DIRECTOR AND REGISTRAR	25C. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Rawson</u>		25D. ADDRESS <u>Safford</u>		26. EMBALMER'S SIGNATURE <u>W. E. Rawson</u>		CERT. NO. <u>116</u>	